	CATION FEE DETER Effective October 1,		i i	Application	n or D	ocket Num	nber
CLAIN	SMALL E	NTITY		OTHER	 ₹ TH		
	(Column 1)	(Column 2)	TYPE [OR	SMALL	ENT
OTAL CLAIMS	24		RATE	FEE	٦	RATE	F
	— - /-			 	7		1

			(Columi			umn 2)	SMALL E		OR	•	R THAN ENTITY
T	OTAL CLAIMS		96	ĺ	· .		RATE	FEE	٦	RATE	FEE
FC)R		NUMBER	FILED	NUM	BER EXTRA	BASIC FE	+	OR		
ТС	TAL CHARGE	// minus 20= *		• 1/		X\$ 9=		OR	X\$18=	72	
 	DEPENDENT C	3 minus 3 = * 0			X43=		OR	X86=			
M	MULTIPLE DEPENDENT CLAIM PRESENT			· · · · · · · · · · · · · · · · · · ·			+145=		ÖR	+290=	
* 11	* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	862	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					OTHER THAN SMALL ENTITY OR SMALL ENTIT					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	PENDENT	CLAIM	-	X43=		OR	X86=	
<u> </u>	1.1.0111.202		JET 11 ZE DE	LINDENT	ODAIN		+145=	ļ	OR	+290=	
					•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	<u> </u>	(Column 1)	_	(Colum		(Column 3)					
AMENDMENT B	ı	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	=	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OR	+290=	_
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colum	nn 2)	(Column 3)	• •		• '		·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	#r#:		=	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF ML	Minus	***	OL A 11 1	=	X43=	-	OR	X86=	÷
ب	rinoi Priese	NIATION OF MU	ILLIPLE DE	ENDENT	CLAIM		+145=		OR	+290=	

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.